UNITED	STATES HOUSE OF REPRESENTATIVES	S	FORM A Page 1 of 5	LEGISLATIVE RESOURCE CENTER
CALENDAR	YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	_	For use by Members, officers, and employees	2011 MAY 13 PM 2:51
:	Sanford D. Bishop, Jr. (Fuil Name)	· ·	(202) 225-3631 HAN (Daytime Telephone)	U.S. HOUSE OF THE OLLER U.S. HOUSE OF REPRESENTATIVES DELIVERED
Filer Status	Member of the U.S. State: GA House of Representative District: 02		ficer Or Employing Office:	A \$200 penalty shall be assessed against anyone who files
Report Type	Annual (May 15)	minatio	Termination Date: on	more than 30 days late.
PRELIMINA	ARY INFORMATION ANSWER EACH OF THE	SE QI	JESTIONS	
I. or more from	ur epouse have "earned" income (e.g., salaries or fees) of \$200 eny eource in the reporting period? Yas Vas No plete and attach Schedule I.	_ \ \	Did you, your apouse, or e dependent child receive eny reportab the reporting period (i.e., aggregating more than \$335 end not of exempt)? If yes, complete and attach Schedule VI.	ole gift in therwise Yes ☐ No ✔
II. you for e epe	duel or orgenization meke a donetion to cherity in lieu of paying ech, eppeerance, or article in the reporting period? Yes No plete and attach Schadule II.	V	Did you, your spouse, or e dependent child receive any reportab reimbursaments for travel in the reporting period (worth more the from one source)? If yes, complete and attach Schedula VII.	
III. more than \$2 more than \$1	spouse, or a dependent child receive "unearned" income of 00 in the reporting period or hold any reportable asset worth yes No ,000 at the end of the period?	□ Ÿ	Did you hold eny reportable positione on or before the date of fill. current celendar year? If yes, complete and attach Schedule VIII.	ling in the Yes ☐ No 🗹
IV. reportable as period?	spouse, or dependent child purchase, seli, or exchange any set in a transaction exceeding \$1,000 during the reporting Yes No blete and attach Schedule IV.	☑	Did you have eny reportable agreement or errengement with en entity? If yes, complete and ettach Schedula IX.	outside Yes ☐ No 🗹
V. than \$10,000)	spouse, or e dapandent child heve eny reportable lieblility (more during the reporting period? Yes No. plete and attach Schadula V.		Each question in this part must be answered schedule attached for each "Yes" response.	I and the appropriate
	N OF SPOUSE, DEPENDENT, OR TRUST INFO	RMAT		STIONS
Trusts-	Detaila regarding "Qualified Blind Trusts" approved by the Co disclosed. Have you axcluded from this report details of such			Yes □ No 🗹
Exemptio	PIS Have you excluded from this report any other assets, "unearn because they meet all three tests for exemption?" So not also	ed" Inco	me, transactione, or liabilities of a spouse or dependent of	hild Mes. Yes - No -

SCHEDULE I - EARNED INCOME

Name Sanford D. Bishop, Jr.

Page 2 of 5

List the eource, type, and amount of earned income from any eource (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, liet the source and amount of any honoraria; liet only the eource for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Consolidated Government of Columbus, Georgia	Spouse Salary	N/A

	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Identify (a a fair mar and (b) an generated provide c symbols.) For all IR/self-direct exercised eeset held retirement of the Instreporting For rental addrese. For an own publically activities, exclude:	As and other retirement plene (such as 401(k) plene) that are ted (l.e.,plene in which you have the power, even if not , to eelect the epecific investments), provide the value for eech d in the account that exceeds the reporting thresholds. For t accounts which are not self-directed, provide only the name titution holding the account and its value at the end of the	Year-End Value of Asset et close of reporting year. If you use e valuation method other then fair market value, please specify the method used. If an asset wae eold end is included only because it is generated income, the velue should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or thet generete tax-deferred Income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, Interest, end capital gains, even if reinvested, must be dieciosed as income. Check "None" if the asset generated no income during the reporting period.	generate tax-deferred income (euch as 401(k) plans or IRAs), you mey check the "None" column. For all other essets, indicate the category of income by checking the appropriete box below.	Transaction Indicate if asset hed purchases (P), eeles (S), or exchanges (E) exceeding \$1,000 in reporting year.
	Congressional Federal Credit Union	\$1 - \$1,000	INTEREST	\$1 - \$200	N/A
JT	House and lot at 311 Yates St.(Lot 3 City Block 51; Lot 15 City Block 49) Starkville, Ms.	\$1,001 - \$15,000	None	NONE	N/A
SP	House and lot at 908 Illges Rd., Columbus, Ga.	\$50,001 - \$100,000	RENT	\$5,001 - \$15,000	N/A
	Legislative Retirement System of Ga., 2 Northside 75, Atlanta, Ga. 30318 (Not self-directed)	\$1,001 - \$15,000	N/A	N/A	N/A
	Lot 24A Lakemont Heights Hartwell, Ga.	\$1,001 - \$15,000	None	NONE	N/A
	Sun Trust Bank, NA Columbus, Georgia Certificate	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	N/A

SCHE	DULE III - ASSETS AND "UNEARNED" IN	ICOME	Name Sanfo		Page 4 of 5	
	Sun Trust Bank, NA Columbus, Georgia Savings	\$1	- \$1,000	INTEREST	\$1 - \$200	N/A
	Sun Trust Bank, NA, Columbus, Georgia Checking		001 - 5,000	INTEREST	\$1 - \$200	N/A
	Wachovia Securities(Wells Fargo) Dryden Municipal Bonds	1 '	5,001 <i>-</i> 0,000	Dividends/Interest	\$201 - \$1,000	N/A
	Wells Fargo (Formerly Merrill Lynch) CMA Account (Black Rock Govt. Fund) Prudential Invt Port	,	0,001 - 00,000	Dividends/Interest	\$2,501 - \$5,000	N/A

SCHEDULE V - LIABILITIES

Name Sanford D. Bishop, Jr.

Page 5 of 5

Report llabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
SP	Household Finance	March, 2000	Mortgage on 908 Illges Rd., Columbus, Georgia	\$50,001 - \$100,000
	Greenberg Traurig, LLP, Attorneys at Law	February- December, 2009	Attorney Fees	\$250,001 - \$500,000
	Congressional Federal Credit Union/ Visa	January- December, 2010	Revolving Charge Account	\$10,001 - \$15,000

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UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	HAND DELIVERED
		GIS! ATIVE RESOURCE CLATE.
Name: Henry Hank Johnson, Jr. Daytime	Telephone: (202)225-1605	2011 MAY 16 PM 4: 40
		U.S. (10)486 Userdiniyê GERTAN ALE
Filer Member of the U.S. State: Officer Status House of Representatives District: Employ	. , .	A \$200 penalty shall be assessed
Report Type Annual (May 16, 2011) Amendment	Termination Date: Termination	against anyone who files more than 30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF THE	SE QUESTIONS	
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yea, complete and attach Schedule I. Yes No	VI. Did you, your spouse, or a dependent child reportable gift in the reporting period (i.e., agg than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child reportable travel or reimbursements for travel i period (worth more than \$335 from one source if yes, complete and attach Schedule VII.	n the reporting
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on of filing in the current calendar year? If yes, complete and attach Schedule VIII.	or before the date Yes No No
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or an outside entity? If yes, complete and attach Schedule IX.	arrangement with Yes No No
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No	Each question in this part appropriate schedule attach	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFOR	RMATION — ANSWER <u>EACH</u> C	F THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics a excluded from this report details of such a trust benefiting you, your spouse, or dependent of		sclosed. Have you Yes No
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, trathey meet all three tests for exemption? Do not answer "yes" unless you have first consulted		child because Yes No

Name Lewy	C. Hank!	husmer.	Page 2 of 7
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SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source **Type Amount** Approved Teaching Fee \$6,000 Keene State Legislative Pension State of Marvland \$9,000 Examples: Civil War Roundtable (Oct. 2nd) Spouse Speech \$1,000 Ontario County Board of Education Spouse Salary NA roughs Johnson + Hopewell 911,000,00

Name	Henry	C"Hark"	Johnson	Page 3 of 5
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SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	y Date	Amount
	Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
xamples:	XYZ Magazine	Article	Aug. 13, 2010	\$500
				<u> </u>
	N.A.			
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				<u> </u>

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Henry C. 11 tank Johnson Page 4 of 5

SCHEDULE III—ASSETS AND		<u> </u>		-						_													_			_		Ĭ			
BLOCK A							CK F					1				8	SLOC	CK	С					BL	OCI	(D					BLOCK E
Asset and/or Income Source	ı	Value of Asset										ı			Ту	pe	of	ind	come				Transaction								
Identify (a) eech esset held for investment or production of income with a fair market value exceeding \$1,000 et the end of the reporting period, and (b) eny other reportable asset or sources of income which generated more then \$200 in "unearned" income during the yeer. Provide complete names of stocks end mutual funds (do not use ticker symbols.) For all IRAs end other retirement plans (such as 401(k) plans) thet ere self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the velue for eech asset held in the account that exceeds the reporting thresholds. For retire-	re m pl If ye ge	ndicate value of asset at close of reporting year. If you use a valuation method other than fair market value, blease specify the method used. If an asset was sold during the reporting rear and is included only because it generated income, the value should be None."								, ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deterred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, Intereat, and capital gains, even if reinveated, muat be diaclosed as income. Check "None" if the asset generated no income during the reporting period.								ou to at g 40° e "N dica neck vide ven	tirem o ch ener 1 (k) lone' ite t ing enda if re come	or uch eck ets, by ow. na,	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.									
ment accounts which are not self-directed, provide only the name of the institution holding the eccount end its value et the end of the reporting period. For rental or other reel property held for investment, provide a complete address. For en ownership interest in a privetely-held business that is not publicly treded, state the name of the business.	A	Đ	С	Đ	E	F	G	н	1	K									or Farm Income)	1	1t		IV	V	VI	VII	Viii	IX	x	XI	If only a portion of an asset is sold, please indicate as follows:
ness, the neture of its activities, and its geographic location in Glock A. Exclude: Your personel residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personel checking or saving accounts; and eny financiel interest in, or income derived from, a federal retirement program, including the Thrift Sevings Plen.			0.50	\$50,000	\$10,000	1000563	\$500,000	\$1.000,000	5,000,000		Onn'nnn'nce	200					9	LIND TRUST	p Income				8	00		\$50,000	\$100,000	000'000'		0.0	(S) (partial) See below for example. P,
If you so choose, you mey indicete that en asset or income source is thet of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For e detailed discussion of Schedule III requirements, pleese refer to the instruction booklet.	None	\$1 - \$1,000	Ō		l il	\$-100,001	\$250,001 - \$5	\$-100,000	1 1				NONE	DIVIDENDS	RENT	Z EACO	CAPITAL GAILS	EXCEPTED/8_IND TRUST	Other Type of Income (Specify: e.g., Pyrtnershi	None	\$1-\$200	\$201 - \$1,000	\$1,001 \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,00.	\$15,001 - \$50		\$100,001 - \$1	- 100 000 Jt	Over \$5,000,000	Ø, E
SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster JT 1st Bank of Paducah, KY Accounts		Inc	lefin	ite	X	X)	K	x		X .		Royalties				X		X			х			S (partial)
JT 1st Bank of Paducah, KY Accounts								+				1		4		+					ما عام دارد			\dashv					02658 7		
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name leng C"Hamk" JYMNSA JV Page 5 of 9

	BLOCK A Asset and/or Income Source				V٤	BLOCK B Year-End alue of Asset									Ty In		me	:		An			ock of		on	ome			BLOCK E Transaction			
SP, DC, JT		None	\$1 - \$1,000 Œ	\$1,001 - \$15,000 O	\$15,001 - \$50,000	\$50,001 - \$1.0,000 m	0		Q	- \$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	اما	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income	None	\$1 - \$200	00		\$2,501 - \$5,000					X 600,000,000,- 100,000,12	Over \$5,000,0r0	P, S, E
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SCHEDULE IV— TRANSACTIONS

Name Henry C. Ytank " Johnson, Jr

Page 6 of 9

or depend	y purchase, sale, or exchange transactions by you, your spouse, lent child during the reporting period of any security or real propfor investment that exceeded \$1,000. Include transactions that	of Tr	Type ansac			Date			Am	oun	t of	rans	sacti	on		
resulted in action. Exderen, or the ates renta cate (f.e., Capital G of \$200, cl	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only e portion of an aeeet le eold, please so Indicate (i.e., "partial sale"). See example below. Capital Geine — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule		SALE	EXCHANGE	Check Box if Capital Gain Exceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,000.1\$	\$1,000,001- \$5,000,000	\$5,000,0001- \$25,000,000	\$25,000,001-	Over \$50,000,000
SP, DC, JT	Asset										<u> </u>					
SP	Example: Mega Corporation Common Stock (partial sale)		Х			10–12–10		Х								\vdash
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SCHEDULE	V L	IABIL	ITIES
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Name Henry C. Hanke Johnson Jr. Paga 7 of 9

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

		Date		Amount of Liability									
SP, DC, JT	Creditor	Liability incurred Mo/Year Type of Liability		\$10,001-	\$15,001- \$50,000	\$50,001- C	\$100,001- \$250,000	\$250,001- m \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001-	Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	-			х		F			100000	-
	N'W												
									A L			1 == 1	

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
	N.A.		
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Name Henry CHark Johnson Jr	Page of 5

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(a)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Fsmily Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	<u>Y</u>	2 Days
	N.A.						
				<u> </u>			
							

SCHEDU	JLE	VIII-	POSI	TIONS

Name Henry C" Hank" Johnson, Jr Page _

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
N.A.	
, ,	

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	- (
	IV-H.	

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	FORM A Page 1 of 7 For use by Members, officers, and employees	DEGISLATIVE RESOURCE CENTER 2011 MAY 16 PM 2: 15
John Lewis (Full Name)	202-544-2905 (Daytime Telephone)	U.S. MODIFIED SERVICES (Office Use Only) ERED
Filer Status Member of the U.S. State: GA House of Representatives District: 05	Officer Or Employing Office: Employee	A \$200 peneity shell be essessed against enyone who files
Report Type Annual (May 15) Amendment	Termination Date: mination	more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THES	SE QUESTIONS	
Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No If yes, complete and attach Schedule I.	exempt)? If yes, complete and attach Schedule VI.	wise Yes No 🗸
Did any Individual or organization make a donation to charity in ileu of paying you for a speech, appearance, or article in the reporting period? Yes No If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable reimbursements for travel in the reporting period (worth more the from one source)? If yes, complete and attach Schedule VII.	ele travel or nan \$335 Yes 🕢 No 🗌
Did you, your spouse, or a dependent child receive "unearmed" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Did you hold any reportable positions on or before the date of fill VIII. current calendar year? If yes, complete and attach Schedule VIII.	ling in the Yes ☑ No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Did you have any reportable agreement or arrangement with an	outside Yes ☐ No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No	✓ Each question in this part must be enswered	i end the eppropriate
If yes, complete and attach Schedule V.	schedule attached for each "Yes" response.	STIONS
Trusts Details regarding "Qualified Blind Trusts" approved by the Coddisclosed. Have you excluded from this report details of such	mmittee on Ethics and certain other "excepted trusts" need not be	
	ed" Income, transactions, or liabilities of a apouse or dependant of the region with the Committee on El	

SCHEDULE I - EARNEI	D INCOME
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Name John Lewis

Paga 2 of 7

List the source, type, and emount of earned income from eny source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calender year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount	
Clark Atlanta University	Spouse Pension	N/A	
Boston University	Speech	\$5,000	

	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (e) each asset held for Investment or production of Income with e fair merket velue exceeding \$1,000 et the end of the reporting period, end (b) eny other reportable asset or eources of Income which generated more than \$200 in "unearned" Income during tha year. Provide complete names of stocks end mutual funds (do not usa ticker symbole.) For ell IRAs end other retirement plene (euch as 401(k) plene) that ere salf-directed (i.e.,plane in which you have this power, even if not exercised, to select the epecific investments), provide the velue for each asset held in the account that exceeds the reporting thresholde. For retirement eccounts which ere not salf-directed, provide only the nema of the inetitution holding the account end its velue at the end of the reporting period. For rental or other real property held for investment, provide e complete eddress.		value of Asset to eld for investment or production of income with to velue exceeding \$1,000 et the end of the reporting period, other reportable asset or eources of income which generated 200 in "unearned" income during the year. In plete names of stocks end mutual funds (do not use ticker at close of reporting year. If you use end other retirement plene (euch as 401(k) plene) that ere asset were eold end is included only because it is generated income, the account that exceeds the reporting thresholds. For accounts which ere not salf-directed, provide only the nema action holding the account end its velue at the end of the proof.		Amount of Income For retiremant accounts that do not ellow you to choose specific investmants or thet generate tax-deferred income (such as 401(k) plana or IRAs), you may check the "None" column. For ell other essets, indicate the category of income by checking the appropriete box below. Dividends, interest, and capital gaine, even if reinvested, must be disclosed ee incoma. Check "None" if no income was earned or generated.	Transaction Indicate if asset hed purchases (P), sales (S), or exchenges (E) exceeding \$1,000 in reporting year.
publically activities, Exclude: vacation i	rnership interest in a privately-held business that is not traded, state the name of the business, the nature of its and its geographic location in Block A. Your personal residence, including second homes and nomes (unless there was rental income during the reporting business that its process is a personal checking or				
	Bank of America "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Bank of America "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Bank of America "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
-	Bank of America "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
SP	Bank of America "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
SP	Bank of America "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	

SCHED	ULE III - ASSETS AND "UNEARNE	ED" INCOME	Name Johr	n Lewis		Page 4 of 7
SP	Bank of America "Fixed Term IRA"		001 - 5,000	INTEREST	\$201 - \$1,000	
SP	Bank of America "Fixed Term IRA"	' '	001 - 5,000	INTEREST	\$201 - \$1,000	
	Fidelity Investments "Fidelity Puritin IRA"	' '	001 - 5,000	INTEREST	\$201 - \$1,000	,

.

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Lewis

Page 5 of 7

Identify the source end list travel itinerery, dates, and nature of expenses provided for trevel end travel-related expenses totaling more then \$335 received by you, your spouse, or e dependent child during the reporting period. Indicate whather e family member accompenied the traveler at the eponsor'e expense, and the emount of time, if eny, that was not at the sponsor'e expense. Disclosure le required regardless of whether the expenses were reimbursed or peld directly by the sponsor. Exclude: Travel-related expenses provided by federel, state, and local governments, or by e foreign government required to be eeparately reported under the Foreign Gifts and Decoratione Act (5 U.S.C § 7342); political travel that le required to be reported under the Federel Election Campeign Act; trevel provided to e spouse or dependent child that le totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Days no <u>t at</u> sponsor's expense
King County Seattle WA	Jan. 14-15	ATL-Seattle-ATL	Y	Υ	N	None
Coral Springs, FL	Jan. 15-16	ATL-Ft Lauderdale, FL-ATL	Y	Υ	N	None
International Assoc. Firefighters	Jan. 24-25	ATL-Orlando, FL-ATL	Y	Y	N	None
Central Piedmont Community College	Feb. 18	ATL-Charlotte, NC-ATL	Υ	N	N	None
NAACP Huntville, AL	Feb. 19-20	ATL-Huntsville, AL-ATL	Y	Y	N	None
NAACP Nyack, NY	April 8-9	Wash. DC-NY, NY-Wash.DC	Y	Y	N	None
Kent State University	May 3-4	Wash. DC-Cleveland, OH- Wash. DC	Υ	Y	N	None
Brown University	May 10-11	Wash. DC-Rhode Island- Wash. DC	Υ	Y	N	None
Major League Baseball	May 16-17	Wash. DC- Cinn, OH- Wash. DC	Y	Y	N	None
Facing History Facing ourselves	June 1-2	ATL-Cleveland, OH-ATL	Y	Y	N	None
UAW	June 13-14	ATL-Detroit, MI-Wash. DC	Υ	Υ	N	None

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Lewis

Page 6 of 7

identify the source and list travel itinerery, dates, end neture of expenses provided for travel end travel-related expenses totaling more then \$335 received by you, your spouse, or e dependent child during the reporting period. Indicate whether e family member accompenied the traveler at the sponsor's expense, and the emount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or peld directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by e foreign government required to be separately reported under the Foreign Gifts end Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure Destination-Point of Return		Food? (Y/N)	Was a Family Member included? (Y/N)	Days no <u>t at</u> sponsor's expense
Georgia Assoc. Black Elected Officials	June 26	ATL-Savannha, GA-ATL	N	Υ	N	None
NAACP St. Louis, Mo	June 27-28	ATL-St. Louis, MO-ATL	Y	Υ	N	None
Accord Freedom Trail	July 2	ATL-Jacksonville, FL-ATL	N	Y	N	None
Excelsior College	July 9-10	ATL-Albany, NY-ATL	Y	Y	N	None
Faith and Politics	Aug. 27-29	ATL-New Orleans, LA-ATL	Y	Υ	N	None
US Assoc. Former Members of Congress	Aug. 29- Sep. 4	ATL-Frankfurt, Germany-ATL	Y	Y	N	None
Boston University	Nov. 10-11	ATL-Boston, MA-ATL	Y	Υ.	N	None

SCHEDULE VIII - POSITIONS

Name John Lewis

Page 7 of 7

Report all positions, compensated or uncompensated, held during the current calendar year es en officer, director, truetee of en organization, partner, proprietor, representative, employee, or consultant of eny corporation, firm, partnership, or eny business enterprise, any nonprofit organization, any lebor organization, or eny educational or other institution other then the United States. Exclude: Positions held in any religious, sociel, fraternal, or political entities; positions solely of en honorary nature; end positione listed on Schedule I.

Position	Name of Organization
Board Member	Stennis Center for Public Service
Board Member	Congressional Black Caucus Foundation

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT			FORM A PEGNISION RESOURCE CENTER For use by Members, officers, and employees.		
John 1	homas Graves, Jr. (Full Name)		706-334-4030 HAN	g 1771 LECK RETROSECTATIVES	
Filer Status Member of the U House of Repres			cer Or Employing Office: ployee Termination Date:	A \$200 penalty shall be assessed against anyone who files more than 30 days	
Report Type Annual (May 15)	☐ Amendment ☐ Terr	minatior		late.	
PRELIMINARY INFORMATIO	N ANSWER EACH OF THES	SE OU	ESTIONS		
Did you or your epouse have "serned" inco or more from eny source in the reporting pour if yes, complete and attach Schedule	me (e.g., eeiariee or fees) of \$200 riod?		Did you, your spouse, or a dependent child receive any reportal	ble gift in the rwise Yes No 🗸	
Did eny individual or orgenization make e d you for a apeach, eppearance, or sticle in t If yee, complete and attach Schedule	ne reporting period? Yes No	VII	Did you, your spouse, or e dependent child receive eny reportal reimbursements for trevei in the reporting period (worth more tifrom one aource)? If yee, complete and attach Schedule VII.		
Did you, your epouse, or e dependent child more then \$200 in the reporting period or h more than \$1,000 at tha end of the period? If yee, complete end attach Schedule	old eny reportable esset worth Yes 🔽 No	U VII	Did you hold eny reportable positions on or before the date of fi l. current celendar year? If yes, complete and attach Schedule VIII.	iling in the Yes ☑ No ☐	
IV. period?		✓ IX.	Did you have any reportable agreement or errengement with an entity?	outside Yes No	
if yes, complete and attach Schedule			If yes, complete and attach Schedule IX.		
V. Did you, your spouse, or a dependent child than \$10,000) during the reporting period? If yes, complete and attach Schedule	Yes No	✓	Each question in this part must be answered schedule attached for each "Yes" response.		
		DMAT	ON ANSWER EACH OF THESE QUE		
Trusts Details regarding '	Qualified Blind Trusts" approved by the Co	mmittes	on Ethics and certain other "excepted trusts" need not be ensfiting you, your spouss, or dependent child?		
			ne, transections, or liebilities of a spouse or dependent c unless you have first consulted with the Committee on F		

SCHEDULE I - EARNED INCOME

Name John Thomas Graves, Jr.

Page 2 of 5

Liat ths source, type, and amount of earned income from sny source (other than the filer's current amployment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other apouse earned income exceeding \$1,000.

Туре	Amount
Salary	\$3,267
Per Diem	\$5,190
Spouse Salary	N/A
	Salary Per Diem

	BLOCK A	BLOCK B	BLOCK C	BLOCK O	BLOCK E
Identify (a) e fair merks and (b) any more then some then some then some then some then some the some	set and/or Income Source each asset held for investmant or production of Income with et value exceeding \$1,000 et the end of the reporting period, other reportable asset or eourcee of income which genereted \$200 in "unearned" income during the yeer. Implete nemes of stocks and mutual funde (do not uee ticker seed other retirement plane (euch as 401(k) plens) that are do (i.e.,plane in which you have the power, even if not to aelect the specific investments), provide the value for each in the eccount that exceede the reporting thresholds. For accounts which ere not self-directed, provide only the name tution holding the account and its valua at the end of the erlod. For other reel property held for investment, provide a complete dership interest in a privately-held business that is not raded, etate the name of the business, the nature of its and its geogrephic location in Block A. Four personal residence, including second homes and onee (unless there was rental income during the reporting	Year-End Value of Asset at close of reporting yeer. If you use a valuation method other than feir merket velue, pleese specify the method used. If en asset was sold and is included only because it is generated income, the velue should be "None."	Type of Income Check all columne that apply. For retirement eccounts that do not allow you to choose epecific inveatmants or that generete tax-deferred income (auch es 401(k) plens or IRAs), you may check the "None" column. Oividends, Interest, end cepital gains, even if reinvested, muet be diacloeed ee income. Check "None" if the aseet generated no income during the reporting period.	Amount of Income For retirement accounts thet do not allow you to choose apecific investments or that generate tax-deferred income (euch ae 401(k) plane or IRAa), you may check the "None" column. For ell other aeeets, indicete the catsgory of income by checking the appropriate box below. Oividenda, interest, end capitsi geins, even if reinveeted, must be diacloeed es income. Check "None" if no income waa earned or generated.	Transaction Indicete If esset had purchaeee (P), aalea (S), or exchenges (E) exceeding \$1,000 in reporting year.
	455 Craig Rd Ranger, GA (rental)	\$50,001 - \$100,000	Gross Rent	\$2,501 - \$5,000	
	Georgia Bank and Trust	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	American Funds IRA- American Balanced	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	American Funds IRA- Growth Fund of America	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	American Funds IRA- New Perspective	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	American Funds IRA- American Balanced	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHED	ULE III - ASSETS AND "UNEARNED" IN	COME	Name John		Page 4 of 5	
SP	American Funds IRA- Growth Fund of America		001 - 5,000	DIVIDENDS	\$1 - \$200	
SP	American Funds IRA- New Perspective		001 - 5,000	DIVIDENDS	\$1 - \$200	
SP	106 Acres, land, Craig Rd., Ranger	-	50,001 - 00,000	None	NONE	
JT	Tomahawk Ventures, LLC- 555- 557 Craig Rd. Ranger, GA	-	00,001 <i>-</i> 50,000	Gross Rent	\$5,001 - \$15,000	
JT	Tomahawk Ventures, LLC- Retail Store, Fairmount, GA	-	0,001 - 00,000	Gross Rent	\$5,001 - \$15,000	
JT	Oostanaula Properties, LLC- 40 Acres, McDaniel Station Rd. Calhoun, GA	-	00,001 - 000,000	None	NONE	
JT	Tich Properties, LLC- Old Belwood Rd. Calhoun, GA	-	00,001 - 000,000	Gross Rent	\$100,001 - \$1,000,000	
JT	Tich Properties, LLC- 1280 West Peachtree Atlanta, GA	-	0,001 - 00,000	Gross Rent	\$2,501 - \$5,000	
JT	HSABank, Health Savings Acct	' '	001 - 5,000	INTEREST	\$1 - \$200	

SCHEDULE VIII - POSITIONS

Name John Thomas Graves, Jr.

Page 5 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustée of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnerehip, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization				
Member	Tomahawk Ventures, LLC	-			
Member	Oostanaula Properties, LLC	,			
Member	Tich Properties, LLC				
State Representative	State of Georgia				

UNITED STATES HOUSE OF REPRESEN CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATE		FORM A Page 1 of 4 For use by Members, officers, and employees	HAND DELIVEREI
JOHN JENKINS BARROW (Full Name)		202-225-2823 (Daytime Telephone)	MANUTE RESOURCE CLAST
Filer Status Member of the U.S. House of Representatives District: 12	1 1 1	ficer Or Employing Office:	A \$200 pegalty shall Simplify be assessed against anyone who files
Report ✓ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date: on	more than 30 days late.
PRELIMINARY INFORMATION ANSWER EACH	OF THESE QU	JESTIONS	
Did you or your spouse have "earned" income (e.g., aaiaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No 🗸	Did you, your spouse, or a dependent child receive any reporta the reporting period (i.e., aggregating more than \$335 and not c exempt)? If yes, complete and attach Schedule VI.	ble gift in otherwiae Yes ☐ No 🗹
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II:		Did you, your spouse, or a dependent child receive any reportal relmbursements for travel in the reporting period (worth more t from one source)? If yes, complete and attach Schedule VII.	
Did you, your spouae, or a dependent child recaiva "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the and of tha period? If yes, complete and ettach Schedule III.	Yes ☑ No □ V	Did you hold any reportable positions on or before the date of f (III. current calendar year? If yes, complete and attach Schedule VIII.	filing in the Yes ☑ No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes No 🔽 D	Did you have any reportable agreement or arrangement with an entity? If yes, complete and attach Schedule IX.	n outside Yes ☑ No ☐
Did you, your spouse, or a dependant child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes No 🗸	Each question in this part must be answered schedule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRU	UST INFORMAT	TION ANSWER EACH OF THESE QUE	STIONS
		on Ethics and certain other "excepted trusts" пееd not be benefiting you, your spouse, or dependent child?	e Yes 🗍 No 📝
		ome, transactions, or liabilities of a spouse or dependent c " unless you have first consulted with the Committee on E	

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for Investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of Income which generated more than \$200 in "unearned" income during the year. Provide complete names of etocks and mutual funds (do not use ticker eymbols.) For all IRAs and other retirement plans (euch as 401(k) plans) that are self-directed (i.e., plane in which you have the power, even if not exercised, to select the specific Investments), provide the value for each asset held in the eccount that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the Institution holding the account and its value at the end of the reporting period. For rental or other real property held for Investment, provide a complete address. For an ownerehip interest in a privately-held bueiness that ie not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your pereonal recidence, including second homes and vacation homes (unless there was rental income during the reporting period); any denomination of the property beaching or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair merket value, please epecify the method used. If an asset was sold and is included only because It le generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (euch as 401(k) plane or IRAs), you may check the "None" column. Dividends, interest, and capital gelns, even if relnvested, must be disclosed ae income. Check "None" if the asset generated no Income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such ae 401(k) plans or IRAs), you mey check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividende, Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no Income was earned or generated.	Transaction Indicate If asset had purchases (P), eales (S), or exchanges (E) exceeding \$1,000 in reporting year.
158 ACRES, OGLETHORPE COUNTY, GA.	\$1,000,001 - \$5,000,000	RENT	\$1,001 - \$2,500	
BANK OF AMERICA (INTEREST BEARING ACCOUNT)	\$1,001 - \$15,000	INTEREST	NONE	
WINBURN, LEWIS, BARROW & STOLZ, P.C. (30%)	\$500,001 - \$1,000,000	NONE	NONE	

SCHEDU	JI F VIII	- POSITI	ONS
OULLE	2 	1 00111	\sim 100

Name JOHN JENKINS BARROW

Page 3 of 4

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	POPE BARROW CEMETARY TRUST

SCHEDULE IX - AGREEMENTS

Name JOHN JENKINS BARROW

Page 4 of 4

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/31/2007	JOHN BARROW, LAMAR LEWIS, IRWIN STOLZ, GENE MAC WINBURN (BY POA), WINBURN LEWIS BARROW & STOLZ, PC, WINBURN LEWIS 7 STOLZ LLP	BUYOUT AGREEMENT (DISPOSITION OF PROCEEDS OF FUTURE SALE OF REAL ESTATE)

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT				FORM For use by M	∄ A ∕lembers, officers, and	-	ISLATIVE RESOURCE CENTE	२		
			Albert Scott ull Name)				202-225-29 (Daytime Telep	IJ.S.	OFFICE OF THE CLERK HOUSE OF REPLESENTATIVES	HC ERED
File Stati	r 💌	Member of the U.S. House of Representa	State: GA District: 13			cer Or ployee	Employing Office:		A \$200 penalty shall be assessed against anyone who files	
Repo Typ	<i>1</i> 🗀	Annual (May 15)	☐ Amendment	☐ Ter	mination		nation Date:		more than 30 days late.	
PREL	IMINARY	INFORMATION -	- ANSWER <u>EAC</u>	OF THE	SE QU	ESTIONS				
I. or m If ye	ore from any eo es, complete a eny individual or	use have "earned" income (e urce in the reporting period and attach Schedule I. r organization make a donati	on to cherity in lieu of paying	Yes ✓ No		the reporting po exempt)? If yes, comple Did you, your e	pouse, or a dependent child erlod (i.e., aggregating more ete and attach Schedule pouse, or a dependent child	than \$335 end not ot VI. receive any reportab	herwisa Yes No 🗸	
•		pearance, or erticle in the re nd ettech Schedule II.	porting period?	Yes No	VIII	from one aourc	s for travel in the reporting p e)? ete end ettach Schedule		en \$335 Yee No 🗸	
III. more	e than \$200 in the than \$1,000 at	e, or a dependent child recel e reporting period or hold a the end of the period? nd ettach Schedule III.	ve "unearned" income of ny reportable asset worth	Yes √ No	_ VII	l. current calenda	ny reportable positiona on or ur year? ete end attach Schedule		ing in the Yes ☐ No ✔	
IV. repo	rtable aeset in a od?	e, or dependent child purcha transaction exceeding \$1,00 nd attach Schedule IV.	se, seil, or exchange any 30 during the reporting	Yee No	✓ IX.	entity?	ny reportable agreement or a ete and attach Schedule	•	outside Yee No 🗸	
V. (mor	ou, your spouse e than \$10,000)	e, or a dependent child have during the reporting period?	any reportable liability	Yee ✓ No		Each ques	 :-	st be answered	and the appropriate	
		nd attach Schedule V.	ENDENT OF TR	LIST INFO	DMAT		WER EACH OF 1		PIONE	
	ists-	Detaila regarding "Qua	lified Blind Truets" appr	oved by the Co	mmittee	on Ethics end c	ertain other "excepted trour spouse, or dependen	uets" need not be		
Exe	emptions						o, or liabilities of e epous e first coneulted with the			

SCHED	ULE	I -	EARN	ED I	INC	OME
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Name David Albert Scott

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Dayn-Mark Advertising	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Albert Scott

	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (e) eech esset held for Investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reporteble asset or sources of income which generated more then \$200 in "uneerned" Income during the year. Provide complete nemea of atocks end mutuel funds (do not use ticker symbols.) For ell IRAs end other retirement plans (such as 401(k) plana) that are self-directed (i.e.,plane in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the eccount that exceeds the reporting thresholds. For retirement eccounts which ere not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rentsl or other reel property held for investment, provide a complete addrese. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal reaidence, including second homes end vacation homes (unless there was rental income during the reporting period), and denorite testaling \$5,000 or location and proposed shooking or		Year-End Value of Asset et close of reporting yeer. If you use a valuation method other than fair merket velue, pleese specify the method used. If en asset was sold and is included only because it is genereted income, the value should be "None."	Type of Income Check all columne that apply. For retirement eccounts thet do not allow you to chooee epecific investments or thet generate tax-deferred income (such es 401(k) plens or IRAs), you may check the "None" column. Dividends, interest, end cepItal gaine, even If reinveeted, must be disclosed es Income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement eccounts thet do not allow you to choose epecific investments or thet generate tex-deferred Income (such es 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the eppropriete box below. Dividende, interest, and cepital gaina, even if reInveeted, muat be disclosed es income. Check "None" If no Income was earned or generated.	Transaction Indicate if asset hed purchases (P), selea (S), or exchangee (E) exceeding \$1,000 In reporting year.
SP Dayn-Mark Advertising		\$250,001 - \$500,000	Spouse Income	N/A	
JT Residential Rental Property Washington, DC		\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
JT Southern Company Stock		\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE V - LIABILITIES

Name David Albert Scott

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unleee all or part of it is rented out); loans secured by automobiles, household furniturs, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Sun Trust Bank	Jan 2003	Mortgage on rental property	\$500,001 - \$1,000,000